

Los Angeles County

Health Services for Children in the Child Protection System

October 27, 2014



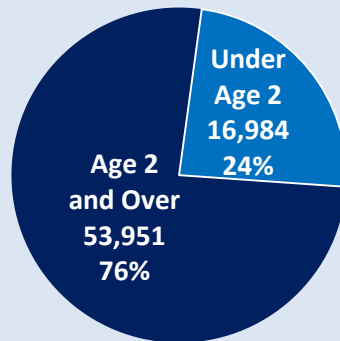
PHN Statistics

RELATED STATISTICS

In FY 2013-14, the DCFS Child Protection Hotline (CPHL) received approximately **200,000** calls for suspected child abuse/neglect; approximately **71,000** became referrals; representing 150,000 children.

All Referrals

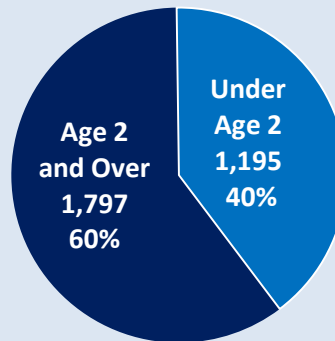
Total = 70,935



24% of all DCFS referrals involve children under 2.

All PHN Visits

Total = 2,992

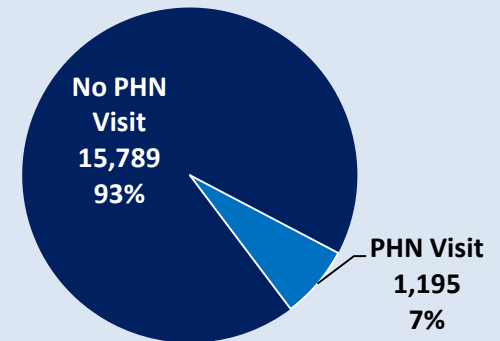


Of all referrals, PHNs accompany the CSW on 2,992 visits.

40% of visits involve children under 2.

Children < 2 with PHN Visit

Total Referrals = 16,984



7% of children under 2 receive a PHN visit.

PHN Project Goals

Recommendation:

- ☐ **Pair a Public Health Nurse with a DCFS Social Worker when conducting a child abuse or neglect investigation for all children from birth to under 24 months.**

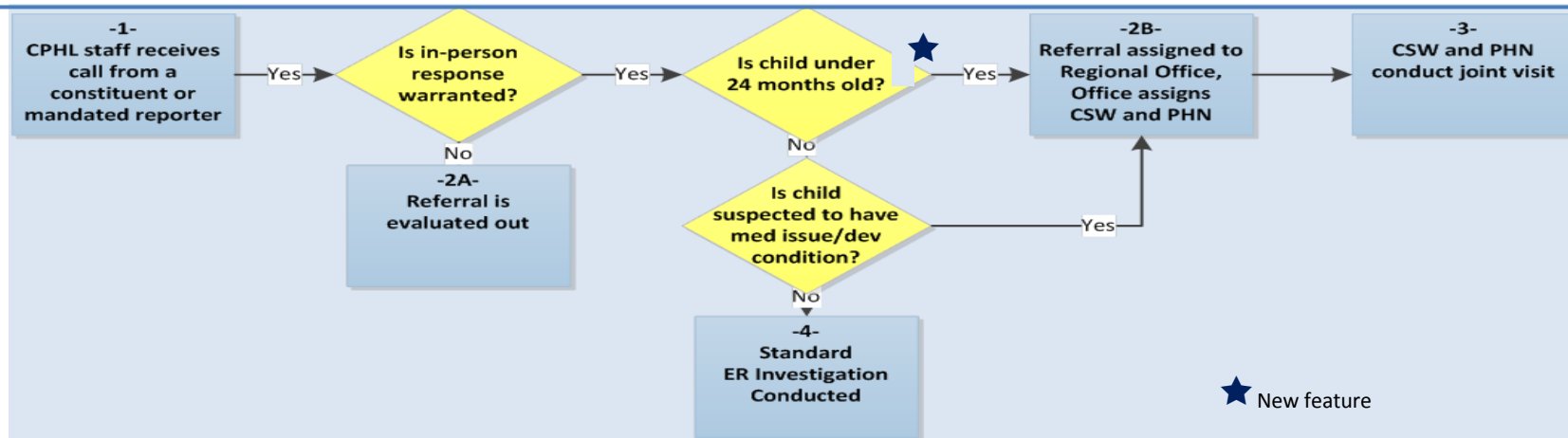
Objectives:

- 1. Expand the role of the PHNs to include all children under 24 months old; understanding that Parental Consent is required.**
- 2. Enable PHNs to use their observational and interviewing skills to identify a child's and his/her siblings immediate and potential needs related to general physical, nutritional and developmental health issues.**
- 3. PHNs can facilitate conversation and encourage parents to seek medical attention for their children, if needed.**
- 4. PHNs can provide valuable information to CSWs that may prevent a children from being detained.**

PHN-CSW Joint Visit

DCFS Emergency Response – CSW and PHN Criteria & Assignment

- When Child Protection Hotline (CPHL) receives call they will determine when an Emergency Response (ER) investigation must be conducted immediately or within 5 Days.
- For children who are under 24 months old or who have a known medical/developmental condition, a PHN is assigned with the CSW.
 - Regional Office will determine the assignment of CSW and PHN during normal working hours.
 - Command Post will determine CSW and PHN assignment during after hours and on weekends.
- For these referrals, the **CSWs and PHNs conduct a joint visit**. The PHN will also work with families to provide care coordination and/or linkages to services for all family members; regardless of whether the child will be detained.



WHAT'S NEW?

PRIORITY	CURRENT STATE	FUTURE STATE
Joint Visits During Investigation	Only children who have a serious medical issue or developmental condition receive a joint CSW and PHN visit.	Only children who have a serious medical issue or developmental condition receive a joint CSW and PHN visit. <input checked="" type="checkbox"/> <i>All children under 24 months who are being investigated for child abuse and neglect.</i>
PHN Assessment Tool	PHN completes an assessment form during the the joint visit.	PHN completes an improved standardized and comprehensive Assessment Tool that was developed by a multi-disciplinary team. The new tool specifically assess the development of children under age 2.
Business Hours	PHN works regular business hours (daytime, weekdays).	PHN works regular business hours (daytime, weekdays). <input checked="" type="checkbox"/> PHN will be on duty after hours (evenings).
General Responsibilities	Care coordination; file reviews and updates.	Care coordination; file reviews and updates.

Draft PHN Assessment Tool

PHN ASSESSMENT TOOL (draft)

The PHN indicates areas of concern by marking any box in a corresponding assessment area:

- Development (under 2)
- Physical Health
- Medical History
- Vitals (if necessary)
- Mental Health
- Environmental Factors & Behaviors

The PHN's observations are recorded and the assessment is used to determine whether the child should be referred for **further medical assessment** at the nearest Medical Hub.

HEALTH HISTORY

Prenatal care ☐ YES ☐ NO Where prenatal care received and when _____
☐ Birth complications i.e. prematurity, HTN, Gestational diabetes Birth Wt: _____ Birth Ht: _____
☐ Alcohol and/or drug use during pregnancy

DEVELOPMENTAL OBSERVATION

☐ Head control ☐ Language/talking ☐ Fine and gross motor skills ☐ Sitting ☐ Standing ☐ Crawling, walking /climbing
☐ Caregiver lacks awareness of developmental stages and milestones

PHYSICAL OBSERVATION

- ☐ Signs and symptoms of **physical abuse and injuries** inconsistent with the development of the child
- ☐ Signs and symptoms of **neglect**:
 - ☐ Lack of medical care (immunizations, care of illness or injury, ask about last physical and dental exams/provider/medical conditions, hospitalizations, surgeries, needs glasses)
 - ☐ Failure to thrive (obtain baseline and growth charts)
 - ☐ Obesity ☐ Pale, lack of muscle tone or development
 - ☐ No social interaction, responsiveness or excessive social
 - ☐ Inadequate hygiene (i.e. diaper or body rash, untreated dental decay)
- ☐ History of **sexual abuse** (genital injury, infection, discharge and/or rashes)
- ☐ Known medical condition and/or allergies
 - ☐ Caregiver lacks knowledge and/or compliance of treatment/medication
- ☐ Health care connections (WIC, CCS, Regional Center, Early Head Start, High Risk Infant Clinic)

SOCIAL EMOTIONAL OBSERVATION

- ☐ **Parental engagement**/interaction poor; support systems in place
- ☐ **Social Interaction**: smile, engagement vs stranger/danger
- ☐ **Sleeping concerns**, safe sleeping, toileting concerns
- ☐ **Eating concerns**, breast fed vs formula, type/amount of foods

ENVIRONMENTAL FACTORS AND BEHAVIORS

- ☐ Indication of substance abuse or exposure to substance abuse
- ☐ Lack of food/formula, clothing, diapers
- ☐ Parental needs unmet: health of parent is poor (includes mental health)
- ☐ Home safety: lacks cleanliness; injury/poison precautions; car seat; swimming pool; lead prevalence; med storage; safety locks
- ☐ Not age appropriate parenting skills/discipline techniques
- ☐ Age appropriate toys, books
- ☐ Access to care: transportation, health insurance

RECOMMENDED NEXT STEPS

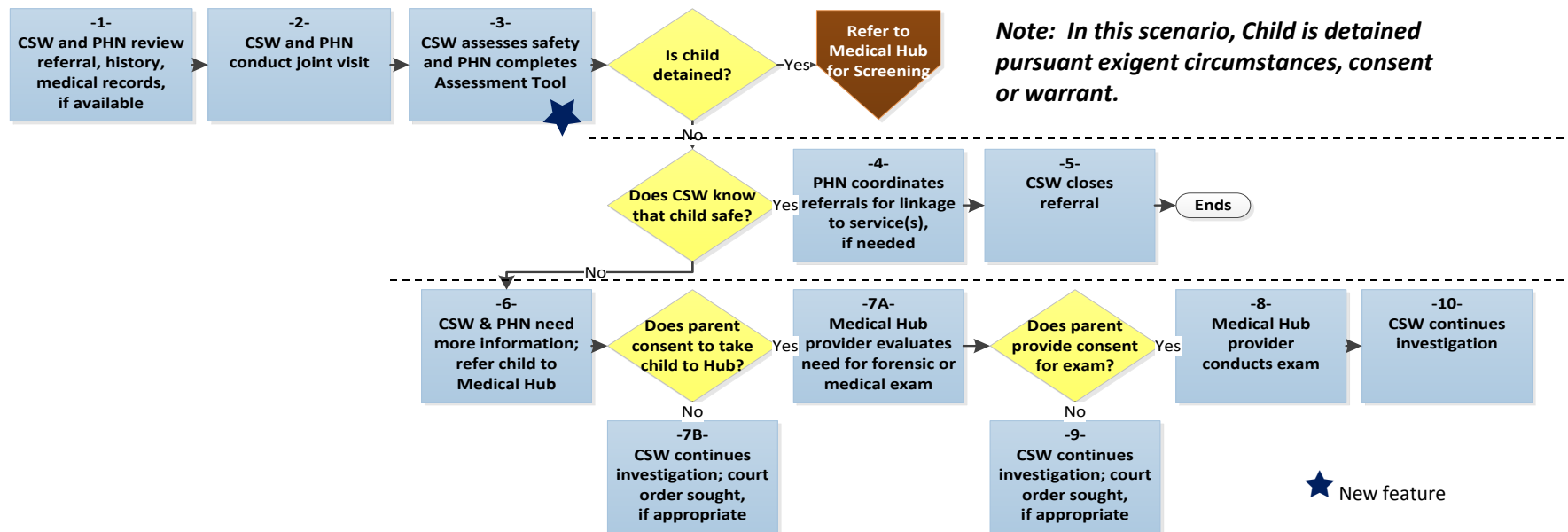
- ☐ Requires further medical assessment or treatment
- ☐ No further action required

LINKAGES TO THE MEDICAL HUBS

Linkage to Medical Hub

ER Investigation

The PHN is a trusted partner and advisor who has an integral role in: 1) Determining whether the child needs further medical attention; and if necessary, 2) Explaining to parents the medical reasons for recommending that they take their child to a Medical Hub physician for further medical assessment (with parental consent).



- **Assessment:** During the joint visit, CSWs assesses safety and PHNs conduct a developmental/health assessment.
- **Linkage to Hub:** For situations that require additional information, findings from the PHN Assessment Tool will help the PHNs and CSWs determine whether the child should be taken to the nearest Medical Hub for further assessment by a medical professional. **NO CHILD CAN BE TAKEN TO THE MEDICAL HUB WITHOUT A PARENTAL CONSENT OR A COURT ORDER.**

Next Steps – PHN

- 1. Finalize and test the PHN Assessment Tool prior to rollout.**
- 2. Iron out some complex scheduling issues to ensure that CSWs and PHN are able to conduct the joint visits.**
- 3. Finalize protocols for PHNs and CSWs (i.e., joint visits, follow-up).**
- 4. Determine PHN roles and responsibilities and staffing needs for normal working hours and after hours.**
- 3. Identify the total cost associated with implementing this change as well as funding source(s).**
- 5. Develop a detailed implementation plan.**
- 6. Develop recommendations to implement a Pilot as there are lot of complexities that will need to be iron out before countywide implementation.**